

**MADERA COUNTY ENVIRONMENTAL HEALTH  
APPLICATION FOR HEALTH PERMIT**

PUBLIC POOL/SPA PROGRAM: New Facility ☐ Change of Owner ☐ PE: \_\_\_\_\_ FEE: \_\_\_\_\_

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**OWNER INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_  
Driver's License: \_\_\_\_\_ Email: \_\_\_\_\_

**OPERATOR INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

**FACILITY INFORMATION**

APN: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: (    ) \_\_\_\_\_ Alternate Phone: (    ) \_\_\_\_\_  
Manager: \_\_\_\_\_ Operator: \_\_\_\_\_  
Swimming Pool SQ. Feet \_\_\_\_\_ (L x W x Average Depth)  
Swimming Pool: Gallons \_\_\_\_\_ (How many?) \_\_\_\_\_ SPA: Gallons \_\_\_\_\_ (How many?) \_\_\_\_\_

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**RESPONSIBLE PARTY FOR BILLING:** OWNER \_\_\_\_\_ OPERATOR \_\_\_\_\_

**MAIL INVOICES TO:** OWNER \_\_\_\_\_ OPERATOR \_\_\_\_\_ FACILITY \_\_\_\_\_

WATER: PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

SEWER: PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

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**BILLING AND COMPLIANCE ACKNOWLEDGEMENT** I, the undersigned owner, operator or agent, acknowledge that all site specific Environmental Health Department hourly charges and annual health permit fees associated with this facility or activity will be billed to the party identified as the **RESPONSIBLE PARTY FOR BILLING** on this form. I also certify that all operations will be performed in accordance with all applicable Madera County Ordinance Code and/or Standards and State and/or Federal Laws.

APPLICANTS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ENVIRONMENTAL HEALTH USE ONLY**

COMMENTS: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_